Monmouth County Cancer Capacity and Needs Assessment Report Summary

Fact Sheet

The Office of Cancer Control and Prevention of the New Jersey Department of Health and Senior Services, in conjunction with a mandate from the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey and in collaboration with the Department of Preventive Medicine and Community Health of the UMDNJ-New Jersey Medical School, has developed comprehensive cancer capacity and needs assessment reports for each county in the state. These reports are a result of initial implementation steps of the New Jersey Comprehensive Cancer Control Plan (NJ-CCCP). The purpose of the reports is to identify the major cancer issues affecting each county and the county's available resources for cancer prevention, screening, and treatment, as well as to offer recommendations for improvement. Each report was written by county evaluators from a county-level point of view.

County Demographic Profile

• 2000 Population: 615,301

Median Age: 37.7

Racial Composition:

o 84% White

o 8% Black

o 4% Asian

Ethnic Composition:

6% Hispanic

Median Household Income: \$64,271

 % of residents ≥ 25 without high school diploma: 12%

% of residents living below the poverty level: 6%

Source: U.S. Census Bureau; Census 2000

Overall Cancer Burden

From 1996-2000, an average of 655.8 men and 479.3 women per 100,000 were diagnosed with cancer each year in Monmouth County, compared to the New Jersey rate of 628.7 for men and 453.7 for women. The average annual death rate was 266.8 for men, and 199.1 for women in Monmouth County, compared to the state rate of 261.1 for men and 181.6 for women. As in the state, the types of cancers which affect the most people in Monmouth County are prostate, breast, lung, and colorectal.

Note: Rates are per 100,000 and age-adjusted to the 2000 U.S. Census population standards.

Overarching Issues

- Access and Resources: The decentralized public health infrastructure of Monmouth County lacks sufficient coordination and collaboration, although improvements are under way.
- School Health Education: There is evidence that most schools do not address cancer-related subjects sufficiently.
- Providers and Treatment: While patient care is excellent, there are significant barriers to access for the uninsured and low income populations.
- Advocacy: National and statewide organizations such as the American Cancer Society and the Susan G. Komen Foundation in addition to the hospitals and the VNACJ are the major cancer advocates in the county.
- Palliative Care: Although palliative care is adequate in Monmouth County, not enough is known by the general population or the medical community about palliative care resources.
- Nutrition and Physical Activity: In Monmouth County, nutrition and physical activity are identified as important areas of focus that need to be promoted, particularly in the schools, many of which do not pay sufficient attention to teaching youth to maintain healthy lifestyles.
- Childhood Cancer: While there is no designated children's hospital in Monmouth County, Pediatric care in the County is considered excellent.

Monmouth County & New Jersey

1996-2000 Average Annual Age-Adjusted Incidence & Mortality Rates by Site

	Incidence Rate ¹		Mortality Rate ²	
All Cancers	Monmouth County	NJ	Monmouth County	NJ
Male	655.8	628.7	266.8	261.1
Female	479.3	453.7	199.1	181.6
NJ-CCCP Priority Cancer by Gender				
Breast, female	141.3	138.5	32.7	31.3
Cervical, female	10.5	10.9	3.4	3.1
Colorectal, male	84.3	79.0	31.5	29.5
Colorectal, female	57.7	54.4	22.2	20.1
Lung, male	94.0	92.5	76.6	74.8
Lung, female	62.7	55.4	47.7	41.6
Melanoma, male	29.8	20.1	5.9	4.4
Melanoma, female	17.8	11.9	2.4	1.9
Oral/Oropharyngeal, male	17.2	15.7	4.3	4.2
Oral/Oropharyngeal, female	7.3	6.4	2.0	1.6
Prostate, male	193.9	194.3	32.5	32.9

Sources: ¹New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, August 2003 ²National Cancer Institute and Centers for Disease Control and Prevention, State Cancer Profiles (Accessed at http://statecancerprofiles.cancer.gov/)

Note: Rates are per 100,000 and age-adjusted to the 2000 U.S. Census population standards. A rate at least 10% higher than the corresponding state rate is shown in *bold italics*.

County Recommendations

- Improve access to cancer programs and services for low-income individuals, particularly those who are unable to navigate the system effectively. Particular attention needs to be placed on access to specialty care and educational and screening resources.
- Promote early detection and reduce cancer mortality through expanding existing screenings to include skin and oral cancers and continuing to expand access to screening facilities. Monitor the extent to which primary care physicians and dentists routinely screen for cancer.
- Advance awareness of cancer prevention and early detection through media campaigns and community outreach, as well as overcoming language barriers and establishing links between linguistically isolated households and healthcare providers.
- Empower the public health sector to implement appropriate prevention and early detection programs, including adopting public ordinances aimed at tobacco control, providing resources for community-based screening and education activities, and engaging the community itself as a partner.

For More Information

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To access the full Report Summary, visit the website:
www.state.ni.us/health/ccp